

U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE

DECLARATION ATTORNEY'S DOCKET NO. 1662/604078

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **NOVEL CRYSTALLINE FORMS OF GATIFLOXACIN**, the specification of which was filed on August 6, 2003 as U.S. Serial No. 10/635,337.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

PRIOR UNITED STATES APPLICATION(S)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

APPLICATION NUMBER	FILING DATE (day, month, year)	
60/401,672	06 August 2002	
60/402,749	12 August 2002	

SEND CORRESPONDENCE, AND DIRECT TELEPHONE CALLS TO:

Steven J. Lee KENYON & KENYON One Broadway New York, New York 10004-1050 US

CUSTOMER NUMBER 26646

I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	NIDDAM-HILDESHEIM	Valerie	
RESIDENCE & CITIZENSHIP	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	Ein Vered 40696	Israel	Israel
POST OFFICE ADDRESS	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
	POB 21 Israelian	Ein Vered 40696	Israel

Signature

Date 7.09-2001

FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN	N NAME	SECOND GIVEN NAME
	WIZEL	Shlomit		
RESIDENCE & CITIZENSHIP	CITY	STATE OR F	OREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	Petah Tiqva 49742	Israel		Israel
POST OFFICE ADDRESS	POST OFFICE ADDRESS	СПҮ		STATE & ZIP CODE/COUNTRY
	Yehuda Hanassi 2	Petah Ti	qva 49742	Israel
Signature	Lina	•	Date 7.	9-23
FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVE	N NAME	SECOND GIVEN NAME
	STERIMBAUM	Greta		*
RESIDENCE & CITIZENSHIP	СПҮ	STATE OR F	OREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	Rishon - Lezion 75241	Israel		Israel
POST OFFICE ADDRESS	POST OFFICE ADDRESS	СПҮ		STATE & ZIP CODE/COUNTRY
	10/10 Kaplinsky St.	Rishon -	Lezion 75241	Israel
Signature	Gros	•	Date 7.9	. 03